



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Dentistry
124 Halsey Street, 6th Floor, P.O. Box 45005
Newark, New Jersey 07101
(973) 504-6405

**Verification of State License
Dental Hygiene**

A separate form must be used for each state.
(This form may be reproduced.)

Name of applicant: _____
Last name First name Middle initial

The above-named applicant is a licensee of the State of _____ and was issued
license number _____ on _____
Month Day Year

The applicant was licensed by:

- State or Regional Clinical Examination (Please list below.)
- N.E.R.B. _____
Date passed
- National Hygiene Board Examination _____
Date passed
- Endorsement/Reciprocity from the State of _____
- Other (Please list below.)

The license status is:

- Current and in good status expiring on _____
Date
- Inactive/expired on _____
Date
- Revoked or suspended
- Other (Please attach explanation.)

Examination History (if applicable)

Date of examination	Subject	Grade
_____	_____	_____
_____	_____	_____

The licensee does / does not have a record of disciplinary history with this agency. (Attach additional information if applicable.)

Certification

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

Name of Board

Name of person completing this form

Title

Signature

Board seal